Hematocrit Levels Chart

Patient Information

Patient Name: _____

Date of Birth: _____/_____/_____

Medical Record Number (if applicable): _____

Date of Chart Creation: _____/_____/_____

Hematocrit Measurement Record

Date	Hematocrit Value (%)	Laboratory/Device Used	Interpretation/Notes

Guidelines for Use

1. Record hematocrit values in the designated table.
2. Include the date of each measurement.
3. Specify the hematocrit value as a percentage (%).
4. Mention the laboratory or device used for the measurement.
5. Provide any relevant interpretation or notes, such as clinical context or patient status.

Interpretation and Action

Normal Range: _____

Clinical Guidelines:

Action Plan:

Additional Notes

Physician's Signature: Dr. Emily Smith, MD _____
Date: _____/_____/_____

For office use

Chart Reviewed By: _____

Date of Chart Review: _____/_____/_____